MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016931
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4322

FILED MAY 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	220		5/2
3			
4	1		
5	0		
6			
7	1		
8	2		
9			
10			
11			
12	90 - 0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

90

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b: 35 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2211A SALISBURY
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2211A SALISBURY
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RUENA Middle — Last KAHLE

4. DATE OF DEATH: Month 4 Day 23 Year 1962

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-23-1904

9. AGE (last birthday): 58
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAITRESS

10b. KIND OF BUSINESS OR INDUSTRY: BAR & GRILL

11. BIRTHPLACE (City and state or country): MT. OLIVE, ILL.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: WILLIAM F. KAHLE

13b. MOTHER'S MAIDEN NAME: CHRISTINIA SCHOEN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi[illegible]9

17. INFORMANT: Wilhelmina (Minnie) Kahle Address: Granite City, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: few minutes.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-20-62 to 4-23-62 and last saw her alive on 4-18-62
Death occurred at 1:21 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Walter H Schoenecman M D

22b. ADDRESS: 1515 St. Louis

22c. DATE SIGNED: 4-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 4-24-1962

23c. NAME OF CEMETERY OR CREMATORY: SUNSET HILL

23d. LOCATION (City, town, or county) (State): EDWARDSVILLE, ILLINOIS

24. FUNERAL DIRECTOR ADDRESS: MERCER FUNERAL HOME GRANITE CITY, ILL.

25. DATE RECD. BY LOCAL REG.: APR 26 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Kriston C. Shellhorn

Licensed Embalmer No. 5016

P. O. Address Granite City, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.